Health PEI

ONE ISLAND FUTURE

ONE ISLAND HEALTH SYSTEM

PEI Health System Strategic Plan
2009 - 2012

PEI Health System Strategic Plan 2009-2012

Published by:

Health PEI
PO Box 2000
Charlottetown PEI
Canada, C1A 7N8
September 2010

Cover:

Strategic Marketing and Graphic Design

Printing:

Document Publishing Centre

Available online at:

www.gov.pe.ca/health

Printed in Prince Edward Island

Index

1.0 Purpose and Background of this Document 1

1.1 Purpose 1

1.2 How Was the Plan Developed? 1

2.0 About the PEI Health System 2

3.0 Strategic Context 3

4.0 PEI Health System Vision, Values and Principles 4

4.1 Our Vision: "One Island Community, One Island Future, One Island Health System" 4

4.2 Our Values 4

4.3 Our Principles for Decision Making 4

5.0 Strategic Direction 5

5.1 PEI Health System Goals and Objectives 5

6.0 Strategies for Change 7

6.1 Community-Based Primary Health Care 7

6.2 Home-Based Home Care Services 8

6.3 Focused Integration of Acute and Related Facility-Based Care 8

6.4 System Enablers 8

7.0 Moving Forward 9

7.1 Health Operational Management 9

7.2 Integrated Health System Projects 10

7.3 The Quality System 11

7.4 Information Technology and Information Management 11

8.0 Appendix 1 – Key Performance Indicators and Targets for 2010/11 and 2011/12 13

1.0 Purpose and Background of this Document

1.1 Purpose

The *PEI Health System Strategic Plan* is intended to guide decision making and activity in the health system over three years (2009-2012). This plan will be the key document describing the overall strategic direction for the health system and for providing the means for deciding what things to do, how to do them, and why they are being done. Furthermore, this document will guide the development of detailed business and operational plans for the organization, and provide the basis for public reporting and accountability on health system performance and results. It is intended that a strategic plan for the health system will be created every three years and updated annually.

1.2 How Was the Plan Developed?

The *PEI Health System Strategic Plan (2009-2012)* provides the framework for the PEI health system to achieve the future direction for health care as outlined by the Government of Prince Edward Island in the April 2008 Speech from the Throne.

> "My Government is committed to building a health care system that truly meets the needs of every Islander. Like so many other facets of our society, our potential strength in health care lies in meeting the challenge of working together. The long-range goal must be a health care system that embraces and integrates the services and programs which Islanders depend upon. We will build a sustainable, integrated health care system, one that shifts emphasis and culture toward wellness and primary care, placing patients, the community as a whole and sustainability above all considerations."

The plan was guided by information from many sources and builds on a variety of processes and initiatives undertaken by the PEI health system during the past 5 years. Some of the key processes and information sources informing the current plan include:

- ***Health System Values:*** During 2008 the health system went through a process to define and confirm a statement of values to guide the organization in carrying out its work. During this process, staff and stakeholders were consulted through a variety of means, including a staff survey and stakeholder focus groups.
- ***Critical Issues and Targeted Initiatives: 2005 - present:*** The Department of Health and Wellness actively monitors and analyzes provincial and national trends in areas such as health outcomes, quality of care, health service utilization, evolving clinical service standards and delivery models, and technology. Over the past 5 years, a variety of specific initiatives were undertaken to address critical issues. Some examples include:
  - The Clinical Information System (CIS)/ Integrated Electronic Health Record project (iEHR);
  - Recruitment and Retention;
  - Family Medicine Residency Training Program;
  - Palliative Home Care Drug Pilot Program;
  - Youth Addictions Strategy;

- Infection Preventionand Control Strategy; and
- Enhancement of the Provincial Breast Screening Program.

- *Health System Review:* Corpus Sanchez International (CSI) conducted a high level health system review in 2007, followed by a full, in-depth, focused review of the Island's health system in 2008. The internal review took place over a period of months, included five phases and involved the participation of over 1,000 health care employees, providers and administrators from across the province. The findings of this review were publicly released on November 18, 2008, in the report entitled *An Integrated Health System Review in PEI: A Call to Action – A Plan for Change* (CSI Report, 2008).

1.2.1 Why is a Health System Strategic Plan Required at This Time?

- The last health and social services system plan was implemented in 2001. Since that time, the demographic profile and health needs of our population have continued to evolve, service standards and technologies have continued to advance, and the health system itself has undergone a number of organizational changes.
- The health system faces a number of trends and critical issues which threaten sustainability. While PEI is not alone - health systems across the country face many of these same issues - as a province, we must address these trends and critical issues to ensure that we continue to deliver the safe, sustainable, high quality care that Islanders expect and deserve.
- In order to achieve sustainability, changes at a systems level will be required. A system plan is required to help guide the change process and ensure that the intended benefits are realized.

1.2.2 How Will the Plan be Used?

The *PEI Health System Strategic Plan* will guide further health system planning and decision making, and will provide a tool to support evaluation and public accountability. Some practical examples of how the plan will be used include:

- ***Guide for Decision Making, Priority Setting, and Detailed Planning:*** Health system executives will be required to develop annual operational and business plans which demonstrate how the strategic goals outlined in this plan will be influenced and key results achieved.
- ***Yardstick for Evaluation of Health System Performance:*** *PEI Health System Strategic Plan* sets out measurable 3 year and 1 year performance targets that will provide the basis for determining and assessing results.
- ***Basis for Public Accountability:*** The health system will annually report to the public on activities undertaken and results achieved in implementing the plan.

2.0 About the PEI Health System

In order to address growing changes in the health care system, the Government created the *Health Services Act*, S.P.E.I. 2009, Cap 7. This Act establishes the Crown Corporation Health PEI as an arm's length organization that will provide health services across the province, effectively separating the Department of Health and Wellness and health operations. Furthermore, this act defines clear roles, responsibilities and accountability for both the Department and Health PEI.

Under this new system the Department of Health and Wellness does not directly manage health operations, but rather provides leadership to the health system through the development of policy, legislation, regulation, monitoring, and evaluation. The Department of Health and Wellness achieves this through strategic planning, funding decisions, negotiations, bargaining, and its accountability frameworks. The Department has the overall responsibility for ensuring quality, equitable, appropriate, and timely services to Islanders in a manner that is sustainable over the long-term.

Under the guidance of the Department of Health and Wellness, Health PEI is responsible for the operational and full continuum of health services provided to meet Islanders' needs. This includes the delivery of:

- Hospital services
- Community health services
- Public health services
- Mental health services
- Addictions services
- Long-term care services
- Home care services
- Ambulance services
- Medical services
- Diagnostic services
- Primary care services
- Pharmacy services
- Dental services

3.0 Strategic Context

There are several key issues that affect the health care system both nationally and locally.

Increasing demand for services: Islanders have some of the highest rates of chronic illness in the country. The risk for chronic disease tends to increase as people age. With already high rates of chronic illness and a high percentage of the Island's population either close to or over the age of 65, it is doubtful that PEI can cope with the increasing demands on the system as it is now.

Global health human resource shortages: Existing shortages in some areas, a large number of health professionals soon eligible for retirement, the declining appeal of some health care jobs and an increasingly competitive global market will make the health human resource situation worse for Atlantic Canadian provinces like PEI over the next decade.

Growing costs: PEI, like the rest of Canada, faces two troubling trends. The rate of growth of health system costs exceeds the rate of growth of provincial treasuries, and health care spending continues to increase as a percentage of overall provincial budgets. While PEI has the lowest per capita spending on health care in Canada, the continued rate of growth in health care costs and the growth of health care spending as a proportion of the provincial budget is a concern in this province due to our size and budget base. As a province, we must slow the rate of growth in cost to a sustainable level.

We must change how we deliver health care services to ensure that we make the best use of our valuable human and material resources so that Islanders will continue to have access to the high quality health services they need. At a systems level, the following broad scale changes are required in order for the PEI health system to achieve sustainability:

- Reduce reliance on bed-based care as the primary method to meet health care needs;
- Increase emphasis on community-based primary health care and home-based services so that the majority of people's health care needs can be met as close to home as possible;
- Improve access and reduce delays for people who truly require bed-based care; and
- Enhance system enablers, particularly in the areas of information management / technology, governance, management and medical leadership models; planning and decision support.

4.0 PEI Health System Vision, Values and Principles

The *PEI Health System Strategic Plan* is founded on the following vision, values and principles. The vision, values and principles will help guide and direct the implementation of the plan as we work together with our partners and stakeholders.

4.1 Our Vision: "One Island Community, One Island Future, One Island Health System"

Care will be delivered through a single, integrated system of care, one grounded in evidence-based decision making and focused on improving health, enhancing access, and refocusing the emphasis of the care delivery system on primary health care and services that can appropriately and safely be provided locally. The system will be more focused on meeting needs in the most appropriate setting, by the most appropriate provider and in the most cost effective manner.

4.2 Our Values

- ***Caring:*** We will treat all people with compassion, respect, and fairness.
- ***Excellence:*** We will work together in an environment of trust as team members and partners in care, and be dedicated to continuous improvement based on sound evidence.
- ***Stewardship:*** We will make decisions responsibly, act with integrity, and be accountable.

4.3 Our Principles for Decision Making

- Decisions must be made within the assigned scope of authority for the decision maker.
- Decisions must be consistent with government policy.
- Decisions must align with strategic priorities of the PEI Health System Strategic Plan and contribute directly to defined results and indicators.
- Decisions must be evidence-based.
- Decisions must demonstrate how defined population needs will be met.
- Decisions must demonstrate how appropriate standards of safety and quality will be met.
- Decisions must be consistent with organizational values and relevant ethical standards.
- Decisions must demonstrate effective and efficient use of health system resources, including cost effectiveness, and optimal use of health human resources.
- Unless otherwise approved, changes will be made within existing resources.

- Decisions that impact on other services or stakeholders must be identified and appropriate stakeholder engagement must be undertaken.
- Decision making processes must be transparent, responsibility for implementation clearly assigned, and communication of decisions effective.
- Decisions must demonstrate that their successful implementation is realistically viable. Realistic plans to support implementation must accompany decisions.

5.0 Strategic Direction

5.1 PEI Health System Goals and Objectives

The people working in the health care system today are extraordinarily committed to delivering the best quality care possible to meet the needs of the citizens of Prince Edward Island. Despite those efforts, the system itself needs to change. The *PEI Health System Strategic Plan* is focused on making changes in key areas to ensure long-term system sustainability so that citizens will continue to have access to the high quality health services they need. Though change in key strategic areas is required, the health system itself will continue to deliver health services at an appropriate standard and will maintain or improve results in all areas of its mandate.

This plan describes the strategic direction for the health system in the form of goal statements and objectives statements. The goal statements describe desired health system results at a broad level. The goal statements are general, high level, and will likely remain stable over time. Each goal has a number of more specific objectives which describe in detail the changes and results required over the next three years. Over time, the objectives will evolve as changes are made and benefits from those changes are realized. New objectives may be added, and/or current objectives may be refined. Similarly, indicators and measures, which are tools to monitor and report on progress and results, will evolve over time as our measurement capacity improves and our objectives evolve.

Quality – Above all we must ensure that our health system has the capacity to provide safe, dependable, quality care which promotes optimal health outcomes. We will do this by reducing avoidable readmissions, ensuring that appropriate safety standards are met, reducing hospital admissions for people with ambulatory care sensitive conditions by enhancing community-based primary health care services and by maintaining or exceeding service satisfaction.

Equity – We will provide fair allocation and timely access to services based on need so that Islanders get the services they need, and need the services they get. We will work to ensure appropriate wait times for key services in targeted areas and strive to enhance services in key areas.

Efficiency – We will use health care resources and information as efficiently as possible, ensure value for money, and make best use of workforce skills. In doing so, we will reduce length of stay for bed-based services, reduce length of stay in hospital for patients who can appropriately receive care in a non-acute setting, and ensure most efficient utilization of health human resources.

Sustainability – We will ensure that the health system is stable and here to meet the needs of current and future generations. In striving toward sustainability, we will work to support a safe and healthy workforce and ensure a sustainable rate of cost growth.

Table 1: Overview of Goals, Objectives and Indicators

Goals		Objectives	Indicators
Quality	Provide safe, dependable, quality care that promotes good health outcomes.	Reduce unplanned readmissions for same condition.	Percent unplanned readmission rates
		Ensure appropriate patient safety standards are met.	Hospital Standardized Mortality Rate
		Reduce hospital admissions for people with ambulatory care sensitive conditions by enhancing community-based primary health care services.	Ambulatory Care Sensitive Condition Rate
		Maintain or enhance client/patient/resident/ family satisfaction with service.	Client/patient/resident/family satisfaction rates
Equity	Provide fair allocation and access to services based on need.	Ensure appropriate wait times for key services in targeted areas.	Proportion of patients who receive service within target time frame
		Enhance services in key areas.	Health care spending per capita
Efficiency	Use health care resources as efficiently as possible, ensure value for money, and make best use of workforce skills.	Ensure appropriate length of stay for bed based services.	Length of Stay (acute care and long term care)
		Improve efficient utilization of health human resources.	Hours per Patient Day
Sustainability	Ensure that the health system is stable and here to meet the needs of current and future generations.	Ensure operational sustainablility within assigned resources.	Health budget as a percentage of provincial budget
		Ensure a safe and healthy work environment.	Sick days
			Over time rates
			Staff satisfaction rate

6.0 Strategies for Change

Moving forward will require upfront investment to enable change, allowing savings to be realized in the future as the system reduces its dependency on hospital-based acute care and re-invests its resources in primary health care.

Future Vision
Improved Health for All Islanders
Four Dimensions for Change
Renewed Model of Community Based Primary Care
Enhanced System of Home Based Home Care Services
Focused Integration of Acute and Facility-Based Care
Investment in Strategic System Enablers
New Operating Environment
Foundational Services in local communities including GPs, local clinics and services, chronic disease supports and public health
More and Better Services to be delivered to Islanders in their homes, even if that home is a Manor or nursing home
Networked Services that are there for all Islanders, even if they have to travel to get the care
Critical Infrastructure Investments are required to enable system leaders to effectively manage

The framework to guide strategic investment, planning and change is grounded in four dimensions:

- a renewed model of community-based primary health care;
- an enhanced system of delivery for home-based home care services;
- focused integration of acute and related facility-based care; and
- investments in system enablers.

6.1 Community-Based Primary Health Care

Prince Edward Island has an aging demographic, higher than national average rates of modifiable risk factors, and increasing chronic disease prevalence. Primary health care is viewed as a first line of protection and support for Islanders.

A renewed model of community-based primary health care will emphasize community-based primary health care services delivered in local communities. This model will encompass preventative, promotive, curative, supportive, rehabilitative, and palliative services, provided by a range of providers working together cooperatively in a team environment. This type of approach reflects a shift in emphasis to ensure that the majority of people's needs can be met as close to home as possible. A renewed model of community-based primary health care will be designed and delivered in conjunction with a range of providers and the public, and will include care delivered in a variety of settings such as: family health centers, physician offices, community-based care settings, and ambulatory clinics.

The following services will be included for consideration under this model:

- Primary care;
- Chronic disease prevention, management, and self-management;
- Health promotion;
- Public health services;
- Family health centers;
- Addictions and mental health; and

- Community primary care hospitals.

A renewed model of community-based primary health will require consultation and continued system level planning to ensure that services reflect the population and service needs of the community, as well as appropriate integration with other health services and care providers across the system.

6.2 Home-Based Home Care Services

Compared with other areas of the country, PEI has invested less in home-based home care services while relying more heavily on bed-based acute and facility-based care to provide continuing care services. The implication is that many Islanders are prematurely placed in nursing homes, or are admitted to acute care facilities to receive services that, in other parts of the country, could be and are provided at home or on an outpatient basis.

An enhanced system of delivery for home-based care will focus on ensuring that the citizens who defined our society are able to age with dignity and respect. This system will include strategies that allow people to age at home, and will also reduce overall reliance on bed-based hospital care as a response to non-acute needs.

The PEI health system is committed to ensuring that home-care and residential long-term care meet the continuing care needs of citizens, whether in their own homes or at home in continuing care facilities. This care will be provided within an overall provincial context guided by a commitment to quality and excellence, and with a focus on effective, efficient, and safe service delivery.

6.3 Focused Integration of Acute and Related Facility-Based Care

Acute care is intended to be a system response for people with traumatic and urgent care needs, ensuring timely access to services that are linked with community and home-based care. The current health system on PEI is overly reliant on acute in-patient care as a response to most of their health needs. As a result, access is limited and creates delays for people who truly need acute in-patient care.

While it just makes sense to improve the efficiency and effectiveness of acute services, there is also an imperative. Service demands will continue to grow in the face of an aging population, while at the same time shortages of health human resources will continue to intensify. There are a number of areas requiring consideration within this broader theme. Initially, the focus will be on improving utilization management capacity, defining a new model of care, and defining provincial structures for clinical support services.

6.4 System Enablers

In order to successfully make the changes outlined under the first three theme areas, investment in system enablers will be required. System enablers include processes, services, and functions designed to support the effective management of the system, including governance, administrative and medical leadership, management development, strategic planning, decision support, information management, and information technology.

Initial priorities under this theme include:

- Improved system planning and accountability processes;
- Enhanced management supports to assist health system leadership with the information, tools and processes required to effectively manage the system;
- A sustainable leadership model, including leadership skills development, succession planning, and effective management structures;
- Enhanced health human resource planning to reflect the needs of a dynamic health system, and to support evolving models of care; and
- A robust information technology and information management infrastructure appropriately aligned with system business and decision making processes to provide effective levers to support required change.

7.0 Moving Forward

While the *PEI Health System Strategic Plan* is intended to provide a high level guide for all activities within the health system, there are four key structures which will contribute directly to achieving the required PEI Health System strategic plan results. These four structures include:

Integrated Health System Projects
Health Operational Management
Quality System
Information Management / information Technology
One Island Health System Results / KPI (2009-2012)
Project Charters
IHS Key Performance Indicators (KPI)
Status & Indicator reports to PMC
Director / manager Work Plans
IHS Key Performance Indicators (KPI)
Reports to HMC
Team Work Plans
IHS Key Performance Indicators (KPI)
Quality Council Reports to HMC
3 Year IM Strategic Plan
IHS Key Performance Indicators (KPI)
Operational Plans & Budgets

- Health Operational Management;
- Integrated Health System Projects;
- Quality System;
- Information Management / Information Technology systems.

7.1 Health Operational Management

The health system operational management structure includes an executive body (Health Operations Management Committee) and divisional management structures. The executive body is responsible for establishing, monitoring, and reporting on health system operations. With the implementation of the *PEI Health System Strategic Plan*, system level business plans will be established annually by the health system executive body (Health Operations Management Committee), and annual operational plans will be established by each operational division.

The business and operational plans will define in detail the annual priorities, planned activities, and key performance targets of the health system. These plans will be key components of the health system accountability framework. PEI health system results will be defined as Key Performance Indicators (KPIs;

see Appendix 1), and these results will be monitored routinely for decision making and planning purposes, and annually reported to the public for accountability purposes.

7.2 Integrated Health System Projects

The CSI report outlined a series of recommendations to achieve health system transformation. The recommended changes were system wide in scope and scale, and of high complexity. A project management structure, including a project management office, has been established to guide definition, management, and benefits evaluation and realization for the system change projects to be undertaken in follow-up to the CSI report. Project activities and results will be formally reported routinely to the health system executive. Project results will be reported annually to the public as part of the public report on PEI health system results.

The work of the Integrated Health System Project is organized under eight distinct, yet interconnected priority areas which are at various stages of development.

- **Renewed Models of Community-based Primary Health Care:** A renewed model of community-based primary health care will be designed and delivered in conjunction with a range of providers and the public. This model will include care delivered in a variety of settings such as: family health centers, physician offices, community-based care settings, and ambulatory clinics. Development of this renewed model will require consultation and continued system level planning to ensure that services reflect the population and service needs of the community, as well as appropriate integration with other health services and care providers across the system.
- **Home Care:** Improved home care is a key pillar to achieving a more sustainable health system and improving quality of care. Investments in this area will allow people to remain at home for as long as possible, when home is the most appropriate location for their care. A number of specific initiatives focused on broad scale program planning and design, as well as demonstration of new approaches to service delivery and models of care are planned.
- **Integrated Acute Care:** The focus of the work in this area will be on improving communication, collaboration, and coordination among acute care facilities and services, as well as standardizing acute care policies, procedures, and processes. Work undertaken through the Medical Leadership, Provincial Services, Model of Care, and Utilization Management projects will contribute directly to results in this area, and will be the initial focus for the first year of this plan.
- **Model of Care:** Model of Care refers to the way health care services are organized and delivered. This project will involve redesigning the model of care for the province and demonstrating the new model in various "showcase" sites. As a result of this work, health care staff will be able to provide care using all of their skills and education.
- **Utilization Management:** This area is focused on making improvements in two related / inter-connected areas, namely bed utilization management and patient flow. In relation to bed utilization management, the focus will be on improving health system capacity to appropriately manage in-patient beds so that the patient receives the appropriate care, in the appropriate bed, at the appropriate time, for the appropriate duration of time, and by the appropriate provider(s). In relation to patient flow, the focus will be on improving capacity to manage patient flow as an important enabler for increasing patient safety, enhancing patient, family, and provider satisfaction, and ensuring people and physical resources are used effectively and efficiently.

- **Medical Leadership:** The purpose of this project is to develop a renewed model of medical leadership for Prince Edward Island. Work will include defining a provincial medical advisory committee, developing provincial medical by-laws, and establishing a provincial physician resource plan.
- **Provincial Services:** Work under this area will initially focus on structuring and organizing clinical support services as provincial resources to provide consistency in policy development, quality management, and the allocation of resources to better sustain these services for the achievement of optimal patient outcomes. Over time, the focus will expand to include other services, such as maintenance, environmental services, dietary services, patient registration, admitting, and health records.
- **System Enablers:** Work under this area is focused on planning and investments in services, functions, and processes to support the effective management of the health system. Key topics include human resources planning, information management, leadership development, and frameworks for system planning, performance, and accountability.

7.3 The Quality System

The PEI Health System has a robust quality system in place composed of a provincial quality council which oversees progress and activities of 18 quality teams. The mandate of Health PEI Quality Council is to provide leadership to the quality system by:

- Promoting a culture of quality improvement;
- Providing support to the continuous quality improvement teams by assisting with priority setting, identification of system integration opportunities, and promoting collaboration and coordination where appropriate;
- Identifying issues and barriers to quality and making recommendations for resolution to leadership or other appropriate decision-making bodies; and
- Monitoring the quality system performance, response to Accreditation recommendations, and communication of results.

The Quality System will identify and monitor relevant PEI health system performance indicators as appropriate, develop work plans to improve results in key areas, and explore opportunities to further enhance partnership and collaboration. An annual report on quality system activities and results is submitted by Quality Council to the Deputy Minister. Quality system results will be reported annually to the public as part of the public report on PEI health system results.

7.4 Information Technology and Information Management

The province of PEI has made a long-term commitment to establish an interoperable electronic health record for the province. Specific projects and investments to date include the Drug Information System and the Clinical Information System (CIS). These and other technology projects and investments will provide the necessary ingredients – namely a standardized platform, nomenclature, and functionality – to link providers from across the continuum and ensure timely access to patient information.

It is recognized that information technology and information management (IT/IM) will be critical enablers to achieving the goals and desired results of the *PEI Health System Strategic Plan*. Health PEI, in partnership with IT Shared Services, will be establishing long-term Information Management Plans. Key areas to be addressed will include:

- Confirming a clear and operationally feasible accountability structure for health system IT/IM planning and decision-making;
- Establishing a data management strategy to strengthen decision support;
- Establishing a long term technology plan; and
- Establishing a long term business process redesign strategy to best leverage investments in information technology to achieve optimal system change and results.

8.0 Appendix 1 – Key Performance Indicators and Targets for 2010/11 and 2011/12

Health PEI Key Performance Indicators FY 2010/11

Goal	Objective	Indicator		Baseline 2008/09	Benchmark	Target 2010/11	Target 2011/12
Quality	Reduce unplanned readmissions for same condition (all hospitals)	% Unplanned Readmissions within 7 Days to Same Acute Care Facility		3.2%	1.64% (Can Avg)	2.8%	2.8%
		% Unplanned Readmissions within 8 to 28 Days to Same Acute Care Facility		4.0%	2.01% (Can Avg)	3.9%	3.9%
	Ensure appropriate patient safety standards are met.	Hospital Standardized Mortality Ratio		110	100	≤ 100	≤ 100
	Reduce hospital admissions for ACSC	Ambulatory Care Sensitive Conditions (ACSC). Rate per 100,000		485/326 (2007/08) 148%	326 (Can Avg) 100%	119%	105%
	Maintain or enhance satisfaction with service	Client, Patient, Family Satisfaction With Services (Acute Care)		96%	90%	≥ 90%	≥ 90%
Equity	Ensure timely access to key services in targeted areas	Proportion of patients who received targeted service within defined time frame	Wait times for radiation therapy	386/387 (99.7%) ARIA	90% within 4 wks	90% within 4 wks	90% within 4 wks
			Wait times for CT Scan Provincial Rollup	3708/6604 (56.1%) RIS PACS	90% within 2 wks-U1; 4 wks-U2 8 wks-U3	90% within 2 wks-U1; 4 wks-U2 8 wks-U3	90% within 2 wks-U1; 4 wks-U2 8 wks-U3
			Wait times for MRI Provincial Rollup	1265/2949 (42.9%) RIS PACS	90% within 2 wks-U1; 4 wks-U2 12 wks-U3	90% within 2 wks-U1; 4 wks-U2 12 wks-U3	90% within 2 wks-U1; 4 wks-U2 12 wks-U3
			Wait times for Hip replacement	117/130 (90.0%) Cactus	90% within 26 wks	90% within 26 wks	90% within 26 wks
			Wait times for Knee replacement	158/196 (80.6%) Cactus	90% within 26 wks	90% within 26 wks	90% within 26 wks
			Wait times for Cataract surgery	624/1054 (59.2%) Cactus	90% within 16 wks	90% within 16 wks	90% within 16 wks
	Enhance services in key areas	Budgeted Spending per Capita	Primary Healthcare	225.02 (09/10)	253.20 (Can Avg)	234.39	246.11
			Home Care	108.51 (09/10)	116.20 (CIHI)	120.66	126.69
			Long term Care	431.70 (09/10)	480.30 (NHEX)	443.00	456.29
			Hospital services	1558.00 (09/10)	1615.30 (Can Avg)	1635.52	1668.23
			Physicians	658.31 (09/10)	719.40 (Can Avg)	689.98	703.78
			Drugs	243.18 (09/10)	278.50 (Can Avg)	252.85	268.02
			Ambulance	62.87 (09/10)	64.50 (CIHI)	68.14	70.87
Efficiency	Ensure appropriate LOS for bed based services.	Ave Length of Stay (ALOS) – (Acute Care ALOS – ELOS)- Variance in Days		8.4 - 5.3 = 3.1 days	ELOS	ELOS + 2 days	ELOS + 1 day
		Ave Length of Stay (ALOS) – (Long Term Care – Public Facilities)		3.3 years	≤ 2.8 years	3.0 years	2.9 years
	Improve efficient use of health human resources	Hours per Patient Day (HPPD)	ICU/CCU	15.74	14.03	14.98	14.03
			Medical Units (including combination units)	6.58	4.67-5.11	5.66	4.67-5.11
			Surgical Units	6.57	5.72	5.96	5.72
			Paediatric	11.56	5.94	10.47	5.94
			Ob/Gyn	10.52	5.17	8.27	5.17
			Mental Health	3.59	4.67	4.67	4.67
			Rehab Unit	6.15	4.11	4.58	4.11
			ALC Unit	n/a	4.11	n/a	n/a
			Community Hospitals	7.91	4.67	5.8	4.67
			Long Term Care (excluding Palliative)	3.82	3.5	3.68	3.5
			Palliative Care	6.26	5.7	5.7	5.7
Sustain-ability	Ensure operational sustainability within assigned resources	Budget Share- Health budget as % of tot provincial operational budget		33.6% (09/10)	34.6%	34.5%	34.6%
		Health budget as % of total provincial budget (program expend only)		37.0% (09/10)	37.9%	37.2%	37.5%
		Annual Results: Surplus (deficit) (Budgeted Minus Actual Expenditures)		$0.00	$0.00	$0.00	$0.00
	Ensure a safe and healthy work environment.	Sick Days Per FTE		11.81 days/FTE PeopleSoft	≤ 11.81 days/FTE	≤ 11.81 days/FTE	≤ 11.81 days/FTE
		Over time Days Per FTE		7.53 days/FTE PeopleSoft	6.05 days/FTE	6.64 days/FTE	6.20 days/FTE
		Staff Satisfaction Rate		75.7%	78%	≥ 77%	Not measured

Results will be realized with allocation of appropriate resources.